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|---|---|--------------------------|--|------------------|--|------------------|---|------------------|--|--------------------|--|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | | | | | | | | | | |
| In re Application of: Cain | | | | | | | | | | | | |
| Application Number 09/326035 | | Filed 06/04/1999 | | | | | | | | | | |
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| CENTRAL FAX CENTER | | | | | | | | | | | | |
| Group Art Unit 2128 | | Examiner Zhen | | | | | | | | | | |
| AUG 16 2004 | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$ <u>110.00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ <u>420.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ <u>950.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ <u>1,480.00</u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ <u>2,010.00</u> <input type="checkbox"/></td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees and fee deficiencies which may be required, or credit any overpayment, to Deposit Account Number <u>502569</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98). attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>August 16 2004</u> Date</p> <p style="text-align: right;"><u>David A. Dagg</u> Signature</p> <p style="text-align: right;"><u>David A. Dagg, Reg. No. 37,809</u> Typed or printed name</p> | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ <u>110.00</u> | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ <u>420.00</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ <u>950.00</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ <u>1,480.00</u> | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ <u>2,010.00</u> <input type="checkbox"/> |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ <u>110.00</u> | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ <u>420.00</u> | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ <u>950.00</u> | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ <u>1,480.00</u> | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ <u>2,010.00</u> <input type="checkbox"/> | | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> | | | | | | | | | | | | |

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☐ Total of _____ forms are submitted.

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